

FILED JUN 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22537
STATE FILE NUMBER
5627

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8405 N. Broadway		Length of stay in 1b 2189 STREET ADDRESS 8405 N. Broadway	
3. NAME OF DECEASED (Type or print) First Leslie Middle E. Last Gribble		4. DATE OF DEATH Month June Day 15 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 30-1893
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		9b. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Macomb, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME John L. Gribble		14. MOTHER'S MAIDEN NAME Minnie Jane Shippey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W. W. I		16. SOCIAL SECURITY NO. None	
17. INFORMANT J. K. Gribble, Cedar Rapids, Iowa		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) External Hemorrhage Circulation of the Liver; 5810 DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (Enter in Part I of item 18.) Under ground water at 8405 N. Broadway Cause and manner of same could not be determined			
INTERVAL BETWEEN ONSET AND DEATH			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of item 18.) Verdict 15 1957			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, (e.g., factory, street, office bldg., etc.) Home			
20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 329 P. m on the date stated above; and to the best of my knowledge, from the causes stated			
22a. SIGNATURE (Name or title) Deputy 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 6-17-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE June 18-1957 23c. NAME OF CEMETERY OR CREMATORY Nat. Cem. Jefferson Barracks St. Louis Co., Mo., 23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR ADDRESS Leidner Undertaking. 2223 St. Louis 25. DATE RECD. BY LOCAL REG. JUN 17 57 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John D. [Signature]

Licensed Embalmer No. 419

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.